

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes the time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing the burden estimate, to: Chief, Information Policy Branch 223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039 Expires 9-30-99

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address ALASKAN COPPER WORKS 628 SOUTH HANFORD, SEATTLE, WA 98134						A. State Manifest Document Number							
4. Generator's Phone (206) 382-8509						B. State Generator's ID							
5. Transporter 1 Company Name SAFETY-KLEEN (TG), INC.						C. State Transporter's ID							
7. Transporter 2 Company Name m p Environmental						D. Transporter's Phone (253) 288-2800							
9. Designated Facility Name and Site Address SAFETY-KLEEN (GRASSY MTN), INC EXIT 41 OFF I-90 3 MILES E 7 MILES NORTH CLIVE, UT 84083						F. Transporter's Phone 800-458-3036							
10. US EPA ID Number UTD991301748						G. State Facility's ID							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers No.		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
a. Asbestos, NOS, 9, NA 2212, P III						002		40		P		NONE	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
Additional EPA Waste Codes a. 001114-002 b. 1X 209 P 30 DF c. 1X 509 P 15 DF d. P.O. # m 66972						W603875							
15. Special Handling Instructions and Additional Information						Profile Numbers a. 2422634 b. c. d. ERG# a. 71 b. c. d. NO# 5785 Emergency Contact: 1-800-468-1760 (24HR) 3-E Company							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.						Date Month Day Year 11 14 01							
17. Transporter 1 Acknowledgement of Receipt of Materials						Date Month Day Year 11 14 01							
18. Transporter 2 Acknowledgement of Receipt of Materials						Date Month Day Year 11 16 01							
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Date Month Day Year 11 15 01							

EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

ORIGINAL-RETURN TO GENERATOR

90290 (Rev 11/98)

SAFETY-KLEEN CORP.

AKC-0017229

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator's US EPA ID No.		Manifest Document No.		22. Page		Information in the shaded areas is not required by Federal law.	
		WAD98073854157181514							
23. Generator's Name Alaskan Capder Works		L. State Manifest Document Number							
		M. State Generator's ID							
24. Transporter ³ Company Name		25. US EPA ID Number		N. State Transporter's ID					
Safety Health (TGS) Inc		54300001745911		O. Transporter's Phone					
26. Transporter Company Name		27. US EPA ID Number		P. State Transporter's ID					
				Q. Transporter's Phone					
28. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		29. Containers		30. Total Quantity		31. Unit Wt/Vol		R. Waste No.	
a. HM		No. Type							
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									
S. Additional Descriptions for Materials Listed Above		T. Handling Codes for Wastes Listed Above							
32. Special Handling Instructions and Additional Information									
33. Transporter ³ Acknowledgement of Receipt of Materials		Signature						Date	
Printed/Typed Name		Signature						Month Day Year	
Bob Trumble		Bob Trumble						11/28/01	
34. Transporter Acknowledgement of Receipt of Materials		Signature						Date	
Printed/Typed Name		Signature						Month Day Year	
35. Discrepancy Indication Space									



This includes time for treatment, storage and disposal facilities. This includes time for generators, 15 minutes for transporters, and 10 minutes for disposal facilities. Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for disposal facilities. Reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.		2. Page 1 of	Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address ALASKAN COPPER WORKS 475 SOUTH HARRISON, SEATTLE, WA 98144				A. State Manifest Document Number				
4. Generator's Phone ()				B. State Generator's ID				
5. Transporter 1 Company Name SAFETY-KLEEN CORP., INC.		6. US EPA ID Number		C. State Transporter's ID				
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone ()				
9. Designated Facility Name and Site Address SAFETY-KLEEN (CORP) NY, INC. 1111 AL OFF 1-40 1 WILKS C 7 WILKS BAY CLIVE, NY 14003		10. US EPA ID Number		E. State Transporter's ID				
				F. Transporter's Phone				
				G. State Facility's ID				
				H. Facility's Phone				
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HM								
b.								
c.								
d.								
J. Additional Descriptions for Materials Listed Above Additional a. 1000 LBS EPA Waste b. 1000 LBS Codes c. 1000 LBS d. 1000 LBS				K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information ALASKAN COPPER WORKS 1400 - 5TH AVE SOUTH SEATTLE, WA 98144 Phone: 206-461-1771 Fax: 206-461-1771 Emergency Contact: 1-800-455-1749 (24HR) J-E Company								
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.								
Printed/Typed Name				Signature		Date		
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Date		
Printed/Typed Name				Signature		Date		
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date		
Printed/Typed Name				Signature		Date		
19. Discrepancy Indication Space								
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.								
Printed/Typed Name				Signature		Date		

EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

SAFETY-KLEEN CORP.

GENERATOR COPY

90290 (Rev 11/98) 6

INSTRUCTIONS FOR COMPLETION OF THIS FORM, REFER CODE OF FEDERAL REGULATIONS, 40, PART 262.20.

AKC-0017231



LDR NOTIFICATION FORM

Generator Name Alaskan Copper Works, Seattle, WA Manifest No. 57854

Pursuant to 40 CFR §268.7(a), I hereby notify that this shipment contains waste restricted under 40 CFR Part 268 Land Disposal Restrictions (LDR).

A. GENERAL WASTE NOTIFICATION

Form Line No.	SK Profile No.	EPA Waste Codes & LDR Subcategories (if any) List codes or use Attachment 1	NWW	WW	Waste Constituent Notification Check the "None" box or List Legend Constituent # or use Attachment 2
1	2422631	NONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> Check if Attachment 2 has been used

B. HAZARDOUS DEBRIS NOTIFICATION

- ☐ This hazardous debris, as identified above on Line No(s) _____ is subject to the alternative treatment standards of 40 CFR §268.45. The waste contains the following contaminants subject to treatment (check all that apply):
- ☐ Toxicity characteristic debris ☐ Debris contaminated with listed waste ☐ Cyanide reactive debris

C. CONTAMINATED SOIL NOTIFICATION & CERTIFICATION


- ☐ This contaminated soil, as identified above on Line No(s) _____ is subject to the alternative treatment standards of 40 CFR §268.49(c). **Complete the following:** "I certify under penalty of law that I personally have examined this contaminated soil & it [☐ does/ ☐ does not] contain listed hazardous waste & [☐ does / ☐ does not] exhibit a characteristic of hazardous waste & [☐ is subject to / ☐ complies with] soil treatment standards as provided by §268.49(c) or the universal treatment standards". Note: Constituents subject to treatment are any constituents listed in 40 CFR §268.48 Universal Treatment Standards that are reasonably expected to be present in any given volume of contaminated soil, except fluoride, selenium, sulfides, vanadium & zinc, & are present at concentrations greater than ten times the universal treatment standard.

D. LAB PACK (INCINERATION) NOTIFICATION & CERTIFICATION

- ☐ This lab pack, as identified above on Line No(s) _____ is subject to the alternative treatment standards of 40 CFR §268.42(c). "I certify under penalty of law that I personally have examined & am familiar with the waste & that the lab pack contains only wastes that have not been excluded under Appendix IV to 40 CFR Part 268 & that this lab pack will be sent to a combustion facility in compliance with the alternative treatment standards for lab packs at 40 CFR §268.42(c). I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment".

E. EXTENSIONS & VARIANCES

- ☐ This waste, as identified above on Line No(s) _____ is not prohibited from land disposal & is subject to a deadline extension or variance, e.g., treatability variance, case-by-case extension. Describe below any extension or variance that applies to this waste & include applicable dates:


Generator's Authorized Signature

Gerald A. Thompson, Enviro. Asst.
Name & Title (Printed or Typed)

11/14/01
Date

MATERIAL PROFILE

Safety-Kleen (SK) Use Only	If applicable, Intercompany Billing Facility #	Customer Number: <u>WAAALW</u>	SK Line Of Business #:	Facility Profile #:
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A. GENERATOR INFORMATION ☐ Check if Billing Information is same as Generator Information

Generator Name Alaskan Copper Works Billing Company _____

Facility Address (No P.O. Box) 3400, 6th Ave S. Billing Address _____

City/State/Zip Seattle, WA 98134 City/State/Zip _____

Technical Contact _____ Billing Contact _____

Phone (206) 382-8507 Fax _____ Phone _____ Fax _____

Generator Location (If different from Facility Address) _____

SIC Code: _____ ☐ CESQG ☐ SQG US EPA ID # WAD980738516 State Generating ID # _____

B. SHIPPING INFORMATION ☐ DOT Assistance Requested ☐ Check if SK Transportation Services are requested

US DOT Proper Shipping Name Asbestos

Hazard Class / Division # 9 ID # (UN /NA) NA2212 Packing Group (PG) III RQ

Non-Bulk Shipping Containers						Bulk Shipping Containers		
Size	Steel	Poly	Fiber	Quantity	Frequency	Container Type	Quantity & Size	Frequency
_____ Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Yd. ³ Box or <input type="checkbox"/> Super Sack	_____	_____
_____ Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Hard Top or <input type="checkbox"/> Tarped Bin	_____	_____
_____ Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> End Dump (Tarped) Trailer	_____	_____
_____ Gal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> Tank or <input type="checkbox"/> Vacuum Trailer	_____	_____

C. GENERAL MATERIAL & REGULATORY INFORMATION

Name of Material Asbestos ceiling tiles

Process Generating The Material room out

Odor: ☒ None ☐ Mild ☐ Strong; Describe _____

<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Regulated or Licensed Radioactive Waste</p> <p><input type="checkbox"/> <input type="checkbox"/> Regulated Medical / Infectious Waste</p> <p><input type="checkbox"/> <input type="checkbox"/> Waste Subject To Benzene NESHAP Regulations</p> <p><input type="checkbox"/> <input type="checkbox"/> TSCA Regulated PCB Waste (List any PCB level in Sec.D)</p> <p><input type="checkbox"/> <input type="checkbox"/> Regulated Subpart CC Waste (VOs ≥ 500 ppm)</p> <p><input type="checkbox"/> <input type="checkbox"/> Regulated Ozone Depleting Substance</p> <p><input type="checkbox"/> <input type="checkbox"/> CERCLA Regulated (Superfund) Waste</p> <p><input type="checkbox"/> <input type="checkbox"/> Hazardous Debris (Subject to alternative LDR treatment standards)</p> <p><input type="checkbox"/> <input type="checkbox"/> Waste Contains UHCs/Constituents of Concern</p> <p>If Yes, list in <input type="checkbox"/> Sec. D or <input type="checkbox"/> Constituent Addendum</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Meets LDR Standards or <input type="checkbox"/> Partially Meets (For Landfill Only)</p> <p><input type="checkbox"/> <input type="checkbox"/> Commingled Waste (Two or more hazardous wastes mixed as one)</p> <p><input type="checkbox"/> <input type="checkbox"/> Sorbent Added; If Yes, is sorbent biodegradable? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> Exempt Waste; If Yes, list reference 40 CFR _____</p> <p><input type="checkbox"/> <input type="checkbox"/> State Hazardous Waste; State Code _____</p> <p><input type="checkbox"/> <input type="checkbox"/> EPA Hazardous Waste</p> <p>EPA Waste Codes (including any LDR subcategories, e.g., D003 Water Reactive): _____</p>
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EPA Haz Waste Only Origin Code: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 Source Code: A Form Code: B System Code: M

D. MATERIAL COMPOSITION

1. Chemical / Physical Constituents: List all detectable components by chemical name, including physical material, e.g., sorbent, debris.

Chemical Constituents & Composition	ppm	<input type="checkbox"/> wt % <input type="checkbox"/> vol %	Chemical Constituents & Composition	ppm	<input type="checkbox"/> wt % <input type="checkbox"/> vol %
<u>Asbestos ceiling tiles</u>		<input type="checkbox"/>			<input type="checkbox"/>

Section. D continues on the next page for Elemental Constituents

Range Total ≥ 100%

2422634

Note: Completion of Sections D.2 & F is optional for: ☐ Analytical Profile (representative sample submitted; test results used to complete D.2 & F)

Completion of Sections D.2, E & F is optional for: ☐ Standard Industry Profile (Safety-Kleen Corp. historical data utilized to complete D.2, E, & F)

D. MATERIAL COMPOSITION (Continued)**2. Elemental Constituents**

☐ Check if this waste contains No Detectable Elements / Metals, unless listed below.

Check either; ☐ Total Analysis or ☐ TCLP Method or ☒ Generator Knowledge, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum		Cadmium		Fluorine		Nickel		Sodium	
Antimony		Chlorine		Lead		Phosphorous		Sulfur	
Arsenic		Chromium		Lithium		Potassium		Thallium	
Barium		Cobalt		Manganese		Selenium		Titanium	
Beryllium		Copper		Mercury		Silicon		Vanadium	
Bromine		Iodine		Molybdenum		Silver		Zinc	

E. REACTIVE CHARACTERISTICS

☒ Check if this waste exhibits No Reactive Characteristics

Yes No

- ☐ Explosive
☐ Shock Sensitive
☐ Pyrophoric
☐ Other Incompatibles; Describe _____

Yes No

- ☐ Oxidizer
☐ Water Reactive
☐ Air Reactive

Yes No

- ☐ Reactive Cyanide _____ ppm
☐ Reactive Sulfide _____ ppm
☐ Polymerizable

F. MATERIAL PHYSICAL CHARACTERISTICS @ 70° F.

# of Phases <u>1</u>	Color <u>varies</u>	Flash Point _____ °F (if < 73 °F)	pH <input type="checkbox"/> Liquids > 20% H ₂ O or pH <input checked="" type="checkbox"/> Non-Aqueous
Liquid % _____	Specific Gravity _____	<input type="checkbox"/> 73 - <100°F <input type="checkbox"/> 100 - 141°F	<input type="checkbox"/> ≤ 2 pH <input type="checkbox"/> > 2 - 4 pH <input type="checkbox"/> > 4 - 10 pH
Sludge % _____	Viscosity cps _____	<input type="checkbox"/> 142°F - <200° F <input checked="" type="checkbox"/> ≥200° F	<input type="checkbox"/> > 10 - < 12.5 pH <input type="checkbox"/> ≥ 12.5 pH
Solid % <u>100</u>	Density _____	Boiling Point (if < 130°F) _____	BTU's / lb. or Range _____
Powder % _____	<input type="checkbox"/> lbs./ gal. <input type="checkbox"/> lbs./ cu. ft.	Ash % (Bridgeport Only) _____	
Gas % _____	Comments _____		

G. GENERATOR PROFILE CERTIFICATION

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Safety-Kleen or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Safety-Kleen and the generator and that this profile certification may be amended accordingly.

Generator's Authorized Signature

Name & Title (Printed or Typed)

Date

Comments

Safety-Kleen Use Only

☐ SKOS ☐ SKVS ☐ Non-haz Evaluation ☐ Standard Industry Profile: SIP Index # _____

SK Sales Rep. Name

Rep. #

Territory/Branch #

Process Approval #

Product Code or Part #

TRI Flowpath #

Pricing

Waste Approval & Certification

I certify acceptability of this waste stream and that all appropriate permits have been obtained, as indicated by Safety-Kleen's facility approval below:

Safety-Kleen's Authorized Facility Signature

Name & Title (Printed or Typed)

Date

GENERATOR

Chemical Services Division



NOTIFICATION OF WASTE ACCEPTANCE

Safety-Kleen, Grassy Mountain Facility

(GM01-0801)

Prepared: November 19, 2001

Profile Sheet No: 2422634

Waste Name: ASBESTOS CEILING TILES
Process Producing Waste: WORN OUT
Type of container: DRUM

EPA Waste Codes:

NONE

<u>Customer Site Information</u>		<u>Customer Mailing Information</u>	
Waste Acceptance No:	GM01-0801	ALASKAN COPPER WORKS	
EPA ID:	WAALASKANCOP	3400 6TH AVE SOUTH	
(206) 382-8509		SEATTLE	WA 98124
SEATTLE			
LEONARD VOLYNSKY			

Thank you for selecting Safety Kleen, Grassy Mountain for your waste management requirements. Your waste stream has been reviewed and is acceptable for management at our facility based on the information provided on the profile sheet number listed above and conditions listed below. Our facility has the necessary permits for managing this waste and will accept this waste as indicated below. The **Waste Acceptance Number** must be listed on all shipping documents and correspondence. Please retain these documents for your records and future reference.

Should you have any questions, or to schedule a shipment, please contact Grassy Mountain Customer Service at 1-801-323-8900.

The waste stream identified by the reference number above is acceptable for disposal with the following treatment:

LANDFILL

This waste is acceptable for delivery beginning on **November/19/2001** and expires on **November/19/2002**.
An annual certification and review of this waste stream will be required for continued acceptability.

Shipping Requirements: The Acceptance Number must be clearly marked on top of every container.

Comments:

Authorization:

Approval:

Brett Bushnell *B5B*

Approval:

JACK (JOHN H.) KEHOE *JH/K*

Date:

11/19/01

Date:

11-28-01